The British Associaton
of Aesthetic Plastic Surgeons

30TH ANNUAL SCIENTIFIC MEETING 2014/LONDON

The Queen Elizabeth II Conference Centre
25-26 September 2014

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THE BRITISH ASSOCIATON
OF AESTHETIC PLASTIC SURGEONS

30TH ANNUAL SCIENTIFIC MEETING 2014/LONDON

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CME Points

Thursday 26 September	5.5
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PROGRAMME

THURSDAY 25th September

08.15 **REGISTRATION**

08.50 **Welcome** Rajiv Grover

09.00 **LECTURE SESSION** Chairs: Ash Mosahebi & Charles Nduka

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James Stuzin

09.30 Rationale and myths around the use of polyurethane covered breast implants
Alexis Verpaele

10.00 Definitive treatment for recurrent capsular contracture utilizing regenerative constructs
Patrick Maxwell

10.30 **COFFEE BREAK & TRADE EXHIBITION**

11.00 **FREE PAPERS & LECTURE** Chairs: Paul Harris & Simon Withey

11.00 Perfecting the outcome of endoscopic browlift part two – closing the audit loop
Dan Marsh

11.10 Competition in aesthetic surgery arena: plastic surgeons remain at the cutting edge
Roisin Dolan

11.20 Submandibular and parotid gland reduction in facelift surgery
Francisco Bravo

11.30 A pilot study to assess the feasibility and acceptability of using a psychological screening tool in private cosmetic practice
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11.40 Report on the BAAPS Travel Fellowship: The Australian Craniofacial Unit
Fateh Ahmad

11.50 Fighting fat: adipose derived stem cell sub population selection for supercharged autologous fat grafting
Kavan Johal

12.00 Bioengineered Breasts: the next generation of breast enhancement
Patrick Maxwell

12.30 **LUNCH AND TRADE EXHIBITION**

13.40 **PRACTICE MANAGEMENT SYMPOSIUM & VIDEO PRESENTATION**
Chairs: Neil McLean, Graham Offer, James McDiarmid

13.40 Cosmetic surgery claims: the PRASIS experience
Gerard Panting

14.00 Protecting your online reputation
Magnus Boyd

14.20 Online behaviour for surgeons
Tingy Simoes

14.40 BAAPS: its gestation and Mike Hackett - 'a one-off'
Dai Davies

15.00 Revisionary augmentation mastopexy – VIDEO PRESENTATION
Patrick Maxwell

15.30 **TEA BREAK AND TRADE EXHIBITION**

16.00 **KEYNOTE ADDRESS:** Chair: Rajiv Grover

The evolution of breast aesthetics: a 30-year personal journey
Patrick Maxwell

16.45 END

DRINKS RECEPTION AND CONFERENCE DINNER

The Members' Terrace and Dining Room – Palace of Westminster

Live Demonstration Theatre

10.40 – 11.00
Nagor
Paul Baguley
Breast augmentation and mastopexy – an alternative approach

13.00 – 13.20
Nagor
Prof. Franck Duteille
Ongoing 10-year clinical study – safety for Eurosilicone's round and anatomimical silicone gel breast implants – 5 year published results

15.40 – 16.00
Surface Imaging Solutions
Nicholas Miedzianowski-Sinclair
The X,Y Z factor in aesthetic surgery

FRIDAY 26th September

08.50 **Welcome** Rajiv Grover

09.00 **Lecture Session** Chairs: Simon Withey & Douglas McGeorge

09.00 The ten commonest problems in rhinoplasty and how to avoid them
Charles East

09.30 Introduction to the National Institute of Aesthetic Research
Sir Bruce Keogh - National Medical Director, NHS England and Healing Foundation Trustee

09.40 The BAAPS/HF National Institute of Aesthetic Research
Brendan Eley

09.50 Fifty shades of SMAS: matching the facelift operation to the patient
Rajiv Grover

10.20 **COFFEE BREAK AND TRADE EXHIBITION**

10.50 **Lecture Session** Chairs: Ash Mosahebi & Michael Cadier

10.50 Evidence based medicine in aesthetic surgery
Foad Nahai

11.15 Continuum of facial rejuvenation: when to transition from non-surgical to surgical treatment
Alexis Verpaele

11.45 **BAAPS KEYNOTE ADDRESS:** Chair: Rajiv Grover
My 30 year journey to understanding facial aging and its relevance to facelifting
James Stuzin

12.30 **LUNCH AND TRADE EXHIBITION**

13.15 **AGM**

13.45 **KEYNOTE LECTURE & SPONSORED PRESENTATION**
Chairs: Michael Cadier & Neil McLean

13.45 **BAAPS KEYNOTE ADDRESS:**
Eliminating our blind spots in facial rejuvenation surgery
Alexis Verpaele

14.30 CoolSculpting: don't settle for anything less than the best
Jennifer Harrington - SPONSORED PRESENTATION

15.00 **FREE PAPERS** Chairs: Paul Harris & Simon Withey

15.00 The Aston Facelift – a step by step guide
Fulvio Urso-Baiarda

15.10 Measuring outcomes using Patient Reported Outcome Measures (PROMs) in aesthetic practice – a UK experience
Ali Soueid

15.20 Open neck-lift: a fusion of elasticity and empiricism
Muhammad Adil Abbas Khan

15.30 A comparative analysis of the efficacy of the Fulcrum Spreader graft compared to the Sheen Spreader graft
Ivo Gwanmesia

15.40 **TEA BREAK AND TRADE EXHIBITION**

16.10 **INTERACTIVE OPERATIVE VIDEO SESSION**
Chairs: Fazel Fatah & Kevin Hancock

16.10 Microfat, SNIF and Nanofat: harvesting and injection technique –
Alexis Verpaele - VIDEO PRESENTATION

16.40 The essential technical element to successfully preforming an extended SMAS facelift –
James Stuzin - VIDEO PRESENTATION

17.00 Essential pearls in cervical rejuvenation
James Stuzin - VIDEO PRESENTATION

17.20 **PRESENTATION OF PRIZES AND CLOSE OF MEETING** Chair: Rajiv Grover

Live Demonstration Theatre

10.20 – 11.00
Zeltiq
Jennifer Harrington
CoolSculpting: clinical outcomes to ensure commercial success

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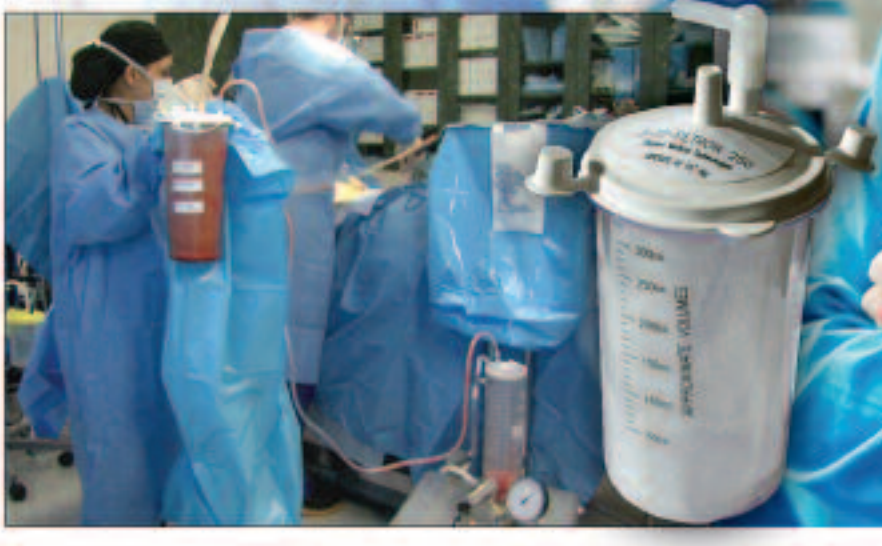

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ABSTRACTS

1 Facial soft tissue anatomy and methods to avoid facial nerve complications in facelifting

Presenter James Stuzin
Institution Miami, Florida

This presentation will discuss the architectural arrangement of facial soft tissue, emphasizing three-dimensional concepts to avoid facial nerve complications in face lifting. Danger zone areas for each nerve branch will be discussed, as well as technical methods to avoid motor branch injury within specific regions of the cheek will be examined. Methods to avoid nerve injury in subSMAS dissection will similarly be discussed.

2 Rationale and myths around the use of polyurethane covered breast implants

Presenter Alexis Verpaele
Co-author Patrick Tonnard
Institution Coupure Centrum, Gent

Background

In the choice of breast implants for both aesthetic and reconstructive augmentation there has ever been a struggle between aesthetic appearance and natural feeling on the one hand, and safety on the other hand. After many types of implant shells and contents the Micro PolyUrethane Covered Silicone Gel implant proves its unmatched safety and pleasing results. A review of the history concerning the safety of these implants is given. The comparison is made between the outcome of textured inflatable, textured gel and PU covered gel implants.

MicroPolyurethane covered Silicone ("MPS") breast implants have been used in our practice for 15 years, of which 11 years exclusively. The very low incidence of implant related revisions combined with a good potential for predictable cosmetic outcome are strong arguments for this implant policy. Nevertheless some complications occurred during our experience, of which most were not implant related.

Methods

A total of 1253 patients received MPS implants for cosmetic breast correction. 921 patients (76%) were either followed-up regularly or recently contacted per telephone and queried for satisfaction, complications and possible other breast procedures undergone elsewhere.

Results

Follow-up ranged from 1-15 years, with an average of 6.8 years. 78% of the procedures were pure breast augmentations, 22% received a concomitant mastopexy.

75 % of implants were anatomical, 24 % round and 1% conical. The majority (64%) were placed in a retropectoral position, 32% in a subfascial position and 2% in a pure retroglandular position.

The total incidence of reoperations was 6,8%, of which the vast majority were non-implant related. Implant related complications leading to reoperations were late seroma (3 patients), capsular contracture Baker IV (1 patient), and late implant rupture (3 patients).

Surgery related reasons for reoperation included implant malpositioning (8), asymmetry (3) ptosis (5), implant palpability/folds (9 patients), haematoma (11), hypertrophic/widened scars (6), and upon patient's request (14).

Conclusion

15 years of experience with MPS implants confirms our conviction that these implants allow the surgeon to predictably create aesthetically pleasing breasts, with an incidence of reoperation which is significantly lower than non-MPS implants. The advantages outweigh the disadvantages.

3 Definitive treatment for recurrent capsular contracture utilizing regenerative constructs

Presenter Patrick Maxwell
Institution Maxwell Aesthetics, Nashville, USA

Circumferential capsular contracture around silicone prosthetic breast implants has remained one of plastic surgery's most vexing problems. While various theories as to its etiology have been addressed, and perhaps an overall reduction in its occurrence has been somewhat improved with "best practice principles", its ablation, especially in repeated, recurrent cases, remains a major problem in women's health. Past concepts, still utilized by some today, attempt to alter the orientation of the collagen fibrils in the foreign body capsular response to the breast implant. Such technologies include textured silicone surfaces and foam surface coverings of the implant shell. Long term outcomes and safety concerns of the latter remain regulatory problems. The use of regenerative scaffolds, composed of precisely processed acellular dermal matrices have been shown to be accepted by the recipient host as "self" rather than "foreign body". Thus the body's response to these materials is one of the natural, regenerative healing rather than foreign body scar formation. This response is characterized by revascularization and cellular repopulation. When this regenerative scaffold is placed in intimate engagement with the shell of a breast implant, foreign body capsule formation does not occur, thus circumferential capsular contracture is not possible. This scientific basis and world's largest clinical experience of this concept will be presented.

4 Perfecting the outcome of endoscopic brow lift part two - closing the audit loop

Presenter Dan Marsh, SpR London Deanery
Co-authors Mr S Lo, Mr B Jones
Institution King Edward VII Hospital, London

Objectives

1. To determine the longevity of brow position post browlift

2. To assess the effect on brow shape with a revised technique placing the fixation point more laterally

Method

Endoscopic brow lifting was assessed in two groups of patients. Group 1 consisted of 31 patients with 5.4 year follow up, with a standardized cortical fixation above the lateral limbus. Group 2 consisted of 17 patients with a revised technique to place the fixation more laterally. Brow heights were measured with Facegram software, and aesthetic outcomes with validated scoring scales.

Results

Brow elevation is retained at 5.4 years post browlift along the whole brow except at the most lateral portion ($p<0.001$), where elevation relapsed to pre-operative levels. To address this, the operative technique was revised in the second group of patients, moving the brow fixation point laterally. This revised technique resulted in lateral brow elevation of 4.2mm compared to the standard technique of 1.1mm ($p<0.001$).

Conclusions

This study demonstrates that a significant elevation in brow height remains at 5.4 years after brow lift except at the most lateral part of the brow. This weakness can be addressed by using a revised technique placing the point of brow fixation more laterally.

ABSTRACTS

5 Competition in the aesthetic surgery arena: plastic surgeons remain at the cutting edge

Presenter Roisin Dolan, SpR
Co-authors Professor J Zins, Mr C Morrison
Institution St. Vincent's University Hospital

Background

With advances in technological innovation, increased sub-specialization, and a shift towards evidence-based practice, the aesthetic surgery arena is a competitive marketplace for users and providers alike. Despite our unique innovative qualities, are plastic surgeons losing ground? The aim of this study is to analyze the publication patterns for common aesthetic procedures and assess competition in the aesthetic surgery practice by analyzing the quality and quantity of the contributions from our sister specialties.

Methods

Based on the American Society for Aesthetic Plastic Surgery annual statistics for 2013, the top 5 commonly performed aesthetic surgical procedures were selected. A search strategy for the Web of Science database was devised, using MeSH defined terms for these procedures. A temporal analysis of publication and citation rates, source institution and country, publishing journal, funding agency trends and level of evidence were analyzed from 1945 to 2013.

Results

Seven thousand three hundred and twenty five articles (n = 7,325) were identified using the search criteria. There was a 50-fold increase in publication rates comparing the first decade (n = 61) to the last decade (n = 3021). The top 5 plastic surgery journals published 38.5% of the total aesthetic literature. Over the past decade, 62.9% (n = 1900) of publications and 87% of Level I evidence in the aesthetic surgery literature were authored by plastic surgeons.

Conclusions

Despite increased competition by our sister specialties, plastic surgeons continue to lead in the field of aesthetic surgery in quantity and quality of their contributions to the literature.

6 Submandibular and parotid gland reduction in facelift surgery

Presenter Francisco Bravo
Institution Clinica Gomez Bravo, Spain

Background

Patients with thick and heavy necks seeking improvement of their jawline and cervicomental angle may present with hypertrophied salivary glands. The purpose of this study is to evaluate the benefit of reducing the submandibular and/or parotid glands in order to achieve improved results in patients undergoing facelift surgery.

Methods

27 consecutive facelift patients (21 female, 6 male) were evaluated in regards to the treatment performed on either their submandibular or parotid glands. 23 of these patients had glandular reduction at the time of their facelift procedure, with 56 salivary glands being partially resected. Submandibular gland reduction was performed through a submental approach. Partial parotid gland resection superficial to the facial nerve was performed through a periauricular facelift approach in all cases. Patients were followed for a minimum of one year.

Results

Two patients presented a sialocele in the submandibular region after submandibular gland reduction at one week postoperatively. Both of them required transcutaneous drainage in the office.

Conclusions

Parotid and submandibular gland reduction through the use of partial resection techniques is a safe and reliable procedure and may be considered a significant adjunct for maximum contour control in selected face and necklift surgery patients.

7 A pilot study to assess the feasibility and acceptability of using a psychological screening tool in private cosmetic practice.

Presenter Nicole Paraskeva
Co-authors Professor N Rumsey, Professor A Clarke
Institution University of the West of England

Background

Patients typically seek cosmetic surgery for psychological reasons. Psychological assessment prior to a cosmetic procedure is the exception rather than the norm. Responding to the imperative to develop an acceptable method for the routine screening and audit of patients seeking and undergoing cosmetic procedures within the private sector, the authors have developed an instrument, the 'RoFCAR', designed to fulfil these functions.

Methods

A pilot study involving 42 patients presenting for cosmetic surgical procedures was conducted to assess the feasibility and acceptability of routinely implementing the RoFCAR was conducted in four private practices across the UK. In addition, semi-structured interviews were conducted to explore the views of aesthetic surgery providers in relation to implementing the questionnaire.

Findings

Analysis of interviews confirmed that the RoFCAR was quick for patient's to complete. The questions were deemed appropriate and no patients reacted negatively to completing the screening tool. Methods for implementing the RoFCAR varied depending on the practice. Minor refinements were made to the RoFCAR based on the findings from the interviews.

Discussion

The acceptability and utility of the RoFCAR will be discussed along with the initial results of a larger scale, multi-site feasibility and acceptability study currently being conducted in the private sector (n = 830).

8 Report on the BAAPS Travel Fellowship: The Australian Craniofacial Unit

Presenter Fateh Ahmad
Institution Australian Craniofacial Unit

I was awarded a BAAPS Travelling Fellowship on the basis of my stated aim to gain experience in the management of facial deformity and aesthetic refinements in craniofacial surgery.

I was fortunate enough to be appointed to the renowned craniofacial fellowship at the Australian Craniofacial Unit under the tutelage of Professor David David for a period of one year.

Having completed a craniofacial fellowship in Birmingham, I consolidated my existing knowledge in the management of craniosynostosis in Adelaide, where I also learnt important and transferrable skills in managing facial fractures, craniofacial access, facial and skull base tumours and orthognathic surgery. I was taught from first principles, including planning and execution of these procedures. I also gained

valuable experience in 'latter years surgery' in craniofacial and cleft patients that included inlay/onlay bone grafting, facelifts, eyelid surgery, rhinoplasty, fat transfer, bimaxillary surgery and genioplasty. All surgery was closely supervised by experienced craniofacial surgeons.

With regular case write-ups and tutorials from renowned teachers and trainers, the educational component of the fellowship was addressed. These included weekly one-to-one teaching with Professor David. The plethora of research material afforded ample opportunity to write research papers.

In all, the year spent in Adelaide was an intense and highly rewarding period of my training and I thank BAAPS for assisting me in this endeavour.

9 Fighting fat: adipose-derived stem cell sub-population selection for supercharged autologous fat grafting

Presenter Kavan Johal, BAAPS / Healing Foundation Research Fellow

Co-authors Professor V Lees, Mr A Reid

Institution University of Manchester/University Hospital South Manchester

Introduction

Despite clinical refinement of fat grafting procedures patient results remain limited by variable survival of transplanted fat. Supplementation with adipose-derived stem cells (ASCs) selected for graft-enhancing properties may be of benefit.

Methods

Prevalence of the surface markers CD24 and CD34 in the stromal vascular fraction (SVF) of human mixed(M), superficial(S), and deep(D) adipose tissue was determined, prior to flow cytometry selection of sub-populations by these markers for in vitro proliferation and adipogenic assays. Steps to facilitate clinical translation (cell cryopreservation, non-enzymatic digestion techniques, serum-free culture and subcutaneous biopsies to harvest ASCs) were tested.

Results

Mean prevalence of CD34 within SVF was M=55%, S=69%, D=42%; and of CD24 M=5.75%, S=4.4%, D=6.6%. CD34+ cells demonstrated improved proliferation versus unsorted populations ($P<0.001$) and adipogenic preference as shown by qPCR (PPAR?, FABP4) and ELISA (leptin); however the reverse was seen for CD24+. Mixed(M) ASCs proliferated fastest, with standard and serum-free media comparable. Performing punch biopsies to harvest ASCs, cryopreserving samples and avoiding enzymatic digestion were all feasible.

Conclusion

CD34+ cells are abundant in SVF with improved proliferation and adipogenic differentiation compared to unsorted populations. Optimum depth of ASC harvest and critical steps for clinical translation have been further explored.

10 Bioengineered Breasts: the next generation of breast enhancement

Presenter Patrick Maxwell
Institution Maxwell Aesthetics, Nashville, USA

The author introduced the term "Bioengineered Breast" in 2009, defining it as an enhanced breast form consisting of a combination of a cohesive gel breast implant with regenerative scaffold and regenerative cells. While there is little new in breast implant technology in recent years, the regenerative scaffolds of acellular dermal matrices, and regenerative cells of physiologically processed fat, have changed the face of breast enhancement and breast reconstruction. No longer is the implant alone the sole factor in replacing or enhancing the female breast form, but rather, now, the soft tissue cover is further enhanced overlying the implant. This not only supplements volume and shape, but it further alters how the recipient host's tissue responds to the implant foreign body. The powerful combination of these constructs, their underlying science, techniques in clinical application, as well as long term outcomes, will be presented.

11 Cosmetic surgery claims: the PRASIS experience

Presenter Gerard Panting
Institution PRASIS

The Plastic Reconstructive and Aesthetic Surgeons Indemnity Scheme (PRASIS) was launched on 1st January 2010, and is now the leading indemnity provider to UK plastic surgeons. Over that time members have reported 418 cases to PRASIS. Of these 7% are claims, 21% are events that could give rise to a claim (pre-claims) and 6% are expressions of dissatisfactions accompanied by a 'request' for reimbursement of fees.

Cosmetic practice results in a higher proportion of claims, pre-claims and reimbursement requests than other surgical specialties. This presentation provides an analysis of the various problems referred to PRASIS, the recurrent themes in those cases, how some of these issues may be avoided and the progression of these cases.

12 Protecting your online reputation

Presenter Magnus Boyd
Institution Partner, Hill Dickinson LLP

Protecting your personal and professional reputation on social media is vital to maintaining the trust of patients and revenue streams. The law exists to prevent reputations being damaged online. This seminar will dispel the myths that have grown up around social media and provide an understanding for surgeons of how they can manage the risks and protect their reputations online from the use of reputation audits to the right to be forgotten.

13 Online behaviour for surgeons

Presenter Tingy Simoes
Institution Wavelength

This incisive but lighthearted talk delivers real life case histories on plastic surgeons dealing with the realities (and challenges) of today's unavoidable online existence. From maximising your Internet presence for the benefit of your practice and the enhancement of professional reputations; to dealing with the ever-present threat of negative reviews and cyber-bullying, I will provide an overview of both opportunities and pitfalls, as well as practical tips, on how to protect your reputation in the Wild West that is the World Wide Web.

ABSTRACTS

14 BAAPS: its gestation and Mike Hackett – 'a one-off'

Presenter Dai Davies

The story of BAAPS and its initial separation from BAPS is not well known. BAPS had been badly bruised by accusations of advertising. In 1960/61 Mr Leslie Gardiner, an ENT surgeon, reported seven senior members of BAPS to the GMC for advertising. They were exonerated. As a result BAPS was always wary of promoting cosmetic surgery and a splinter group of members formed initially The Association of Cosmetic Surgeons of Great Britain, later changing its title to The British Association of Aesthetic Plastic Surgeons. Mike Hackett was its president in 1990/91 and died in office. He was the inspiration of many plastic surgeons of my generation in the training of cosmetic surgery as well as popularising plastic surgery amongst undergraduate medical students. He lived life to the full.

15 Revisionary augmentation mastopexy

Presenter Patrick Maxwell
Institution Maxwell Aesthetics, Nashville, USA

Augmentation reoperation rates from the three American manufactures of breast implants in their FDA approved PMA clinical trials document a reoperation rate between 15 and 30 percent within 3-6 years. When these patients are reoperated upon, the revision augmentation rate is between 30 to 40 percent within 6 years. The three main causes of these reoperations are: 1) recurrent capsular contracture 2) malposition 3) soft tissue laxity and ptosis. Frequently these conditions are seen in combination, and the surgical evaluation, operative planning, pre-operative marking, and surgical technique remain challenging for many surgeons. This video presentation is a case study with long term follow up in a patient with the combination of capsular contracture and mammary ptosis requiring a secondary augmentation mastopexy.

16 The evolution of breast aesthetics: a 30 year personal journey

Presenter Patrick Maxwell
Institution Maxwell Aesthtics, Nashville, USA

From the author's internship and residency years at the Johns Hopkins Hospital in the early 1970s, his career was impacted by the devastation of the female breast form he saw in patients still undergoing radical mastectomy. The emotional impact upon these patients , as well as the technical challenge of recreating an aesthetic breast form, lead to his major clinical emphasis over the following decades.

As an early pioneer micro surgeon, performing the world's first latissimus dorsi free flap, his interest in the vasculature of the latissimus dorsi muscle and musculo cutaneous unit, lead him into flap based breast reconstruction. Likewise as a pioneer in the TRAM flap, he further advanced flap based breast reconstruction. His work with patients, however, lead him to believe that patients had a preference for less invasive, less traumatic forms of breast reconstruction. Medical devices of the late 70s and early 80s did not meet the necessary specifications to successfully carry out these procedures. He thus became interested in the surface technology around breast implants and invented the concept of texturization of tissue expanders for breast reconstruction in the mid-1980s.

This device became the number one device utili, as well as round implants used in breast reconstruction following tissue expander removal, as well as those for primary and secondary aesthetic breast surgery. He has spent his entire career traveling worldwide sharing this experience and educating, as well as learning from surgeons on proper use, to provide improved outcomes in women's health. This key note lecture will document this 30 year journey including the evolution of the 5 generations of silicone gel breast implants, the evolution of the "process" of aesthetic breast augmentation and aesthetic breast revision, culminating in nipple sparing, therapeutic and risk reduction mastectomy reconstruction procedures of today. This journey incorporates the addition of

regenerative elements of scaffolds such as acellular dermal matrices, and fat grafting based on the underlying stem cell technology contained within the fat, and scientific and clinical validation of these concepts. Additionally this journey has focused more on patient reported outcomes and patient engagement in the consultation process, operative and perioperative process, and in the long term reporting of patient safety .

17 The ten commonest problems in rhinoplasty and how to avoid them

Presenter Charles East
Institution 150 Harley Street, London

Rhinoplasty has evolved from a "standardised" routine operation to one that is individually tailored and planned for every surgeon. The complexity of the nose makes rhinoplasty a difficult operation to master; there are pitfalls and problems which unfortunately lead to revision surgery.

Based on experience of over twenty years and prospective study of patients undergoing revision rhinoplasty, I will outline some of the common error patterns that are seen in rhinoplasty surgery and offer modern conceptual thinking and techniques to minimise these risks and hopefully produce better outcomes with happy patients.

The presentation will be graphically driven with illustrative slides, photographs and video presentations.

18 Introduction to the National Institute of Aesthetic Research

Presenter Sir Bruce Keogh
Institution National Medical Director, NHS England and Healing Foundation Trustee

19 The BAAPS/HF National Institute of Aesthetic Research

Presenter Brendan Eley
Institution The Healing Foundation

One year on from the launch of the BAAPS/Healing Foundation's National Institute of Aesthetic Research, an update is provided on the work of the NIAR, its membership, funding and research programme. The Healing Foundation's Chief Executive will also outline how BAAPS members can help set the priorities of the NIAR's future activity and of the charity's ambitions to do even more work in this area.

20 Fifty shades of SMAS: matching the facelift operation to the patient

Presenter Rajiv Grover
Institution King Edward VII Hospital and 144 Harley Street, London

The SMAS is well documented as the key layer of the face which helps achieve a natural look and long lasting result when treated during rhytidectomy. To date there have been few studies investigating the microanatomy of the SMAS and how this varies between individuals. Subjective observations by the author (RG) reveal that a more fibrous variant of the SMAS may be associated with less gravitational descent and slower ageing in some individuals as well as some races. Similarly the long term use of Hyaluronic acid fillers also has qualitative effects on SMAS anatomy. This paper summarizes a study looking at the microanatomy of the SMAS from different individuals and documents variations in histology. Results suggest significant variation and sub classification of the SMAS based on microanatomy, hence the title – Fifty shades of SMAS. In addition to the histological variations, the type of SMAS, as assessed qualitatively at the time of surgery, may lend itself to suggesting which type of SMAS procedure may be best suited for each patient. The objective variation in SMAS microanatomy provides scientific support for

the qualitative decisions we make during surgery. The selection of SMAS plication or SMASectomy with either imbrication or edge to edge suture is explained and examples used to illustrate this in clinical practice. The lecture aims to provide a simple algorithm for matching the facelift operation to the patient.

21 Evidence based medicine in aesthetic surgery

Presenter Foad Nahai
Institution Emory University Hospital, Georgia, USA

Our training from medical school through specialization and lifelong Continuing Medical Education is an apprenticeship. We learn from our mentors, from experts and from each other. We make surgical and treatment decisions based on our own experience and opinions of experts. Is this the best way to practice; is this in the best interest of our patients and our specialty? We could say yes, no, sometimes and all would be appropriate and true. After all there is art in what we do and our specialty does not readily lend itself to Evidence Based Medicine (EBM).

As the American Medical Association (AMA) task force on EBM working group described it "EBM represents best evidence to guide treatment decisions". We treat patients by operating on them which is not like prescribing the right medicines. Unlike medical treatments, surgical procedures are difficult to evaluate with randomized controlled trials. As surgeons we each have different levels of skill, experience, surgical knowledge, familiarity with surgical techniques and aesthetic sense, all of which affect the outcomes of our operations. These are personal attributes which are difficult to quantify and raise the question whether EBM has any role.

It is no longer a question whether there is a role for EBM in Aesthetic Surgery, there certainly is. What is that role and where is it relevant?

We should make decisions concerning perioperative antibiotics, DVT/VTE prophylaxis on the best available evidence and not on tradition or "that is what I was taught". Measures to minimize capsular contracture following breast augmentation, hematoma after following facelift and seroma after abdominoplasty are just a few examples where EBM is most relevant, enhancing patient safety and outcomes.

On the other hand the role of EBM is less relevant or even minimal in comparing open to closed rhinoplasty, SMAS procedures, liposuction or facial resurfacing techniques.

Currently the highest level studies in our spweciality are those related to the safety and efficacy of injectables. Level 1 studies are rare and will remain rare in our specialty but lower level studies have value, and contribute to our evidence based decision making.

Levels of Evidence

Level I: high-quality, multi-centered or single-centered, randomized controlled trial with adequate power (n ~ 100); or systematic review of these studies;
Level II: lesser-quality, randomized controlled trial; prospective cohort study; or systematic review of these studies;
Level III: retrospective comparative study, case-control study, or systematic review of these studies;
Level IV: case studies;
Level V: expert opinion, case report or clinical example, or evidence based on physiology, bench research, or "first principles."

Nahai, F.: Editorial: 2011. Evidence-Based Medicine in Aesthetic Surgery. Aesthetic Surgery Journal, 31 (1) 135-136.

22 Continuum of facial rejuvenation: when to transition from non-surgical to surgical treatment

Presenter Alexis Verpaele
Institution Coupure Centrum, Gent

In contrast to the opinion of many plastic surgeons non-surgical facial rejuvenation is not a stand-alone treatment modality, but should be an integral part of the management of a candidate for facial rejuvenation. It is an important part of the "care" aspect of aesthetic surgery, and therefore is assigned an important role is our daily practice.

As a plastic surgeon we have all the tools at hand to guide our patients through the whole "therapeutic ladder", from skin pharmaceuticals over injectable toxins and fillers to the whole range of surgical procedures.

An overview is given of the non-surgical management of patients, whether in the preoperative situation, as postop adjustment, or simply to extend a "helping hand" to the individual seeking advise on a facial aesthetic problem

The transition from non-surgical to surgical treatment is either determined by the nature of the complaint (superficial rhytids and localised volume depletion versus tissue laxity) or by the patients' wishes : after some time on non-surgical fillers a number of patients wish to have a more permanent solution.

For permanent volume augmentation our material of choice is autologeous fat : micro fat grafting.

After a surgical treatment non-surgical methods are often sufficient for "maintenance" of the result. Outlining a personalised skin care program, supplemented or not with injectables, will the relationship between surgeon and patient. When the patient sees the plastic surgeon not merely as a "cutting doctor" but as a "aesthetic consultant", it is unlikely that she/he will turn to another person for cosmetic advice or treatment.

23 My 30 year journey to understanding facial aging and its relevance to facelifting

Presenter James Stuzin
Institution Miami, Florida USA

Facial rejuvenation has evolved from a technical procedure to one which has its basis in restoration of both the anatomic and aesthetic changes which occur in aging. In this presentation, I will discuss my 30 year journey in understanding both the anatomic and aesthetic changes which occur over time, as well as discuss technical solutions for the restoration of facial shape in aging.

24 Eliminating our blind spots in facial rejuvenation surgery

Presenter Alexis Verpaele
Institution Coupure Centrum, Gent

"The eyes only see what the mind knows". We tend only to see the aesthetic problems in our patients for which we have a good treatment. The last decades have brought several paradigm shifts in facial aesthetic surgery.

One of them is the possibility of a short scar facelift, which for a very long time had been considered as an unacceptable compromise towards the effectiveness of the surgery or to the longevity of the result. Several short-scar and minimally invasive facelift techniques have proven otherwise on the short and on the long term.

The necessity of volume restoration is the next blind spot that has been removed from the aesthetic plastic surgeon's vision. For decades most techniques in facial rejuvenation have been ablative and reducing: putting sagged tissues under tension and removing "baggy" fat deposits. Changing our

vantage point has taught us that a large portion of facial ageing is due to loss of volume rather than descent of it. Better control of volume replacing procedures, such as lipofilling, has provided facial plastic surgeons with the necessary tools to achieve the new objective.

The third blind spot, especially for plastic surgeons, is the skin surface.

Until recently our method of choice for resurfacing was the Erbium YAG laser. This is very safe and precise, but sometimes lacks in power due to the high water affinity of the laser. CO2 laser has been removed from our toolbox many years ago because of unpredictable complications, which were not necessarily proportionate to the intensity of the laser beam.

We have now adopted the croton oil peeling method described by Richard Bensimon and Gregory Hetter, with promising results on the correction of rhytids, the skin texture, skin tightness and solar damage. The technique is very operator dependent, but can safely be learned thanks to the variable concentrations of the solution, which allows a slow and gradual peeling. Meticulous preparations and close follow up of these patients is mandatory for an uncomplicated postoperative course.

It is remarkable that our tool for volume restoration, fat, has also shown to enhance skin surface quality. The non-adipocytic cells of the fat, the stromal vascular fraction and the adipose derived stem cells are believed to be responsible for the quality improvement that frequently can be observed. Simplifying methods for isolating this SVF and ADSC's are welcomed into our armamentarium.

In conclusion, we are in a very exciting era of our specialty, as we are getting nearer to truly mastering facial rejuvenation: we have learned to see the features in ageing that used to be hidden from our observation, along the way that we learned to treat them.

25 CoolSculpting: don't settle for anything less than the best

Presenter Jennifer Harrington
Institution Sponsored presentation by Zeltiq

Bridging the gap between surgery and non-invasive procedures has been the wave of the future. Cryolypolosis using CoolSculpting is a technology that is safe and consistently delivers great results. Tune in for the REAL skinny on CoolSculpting.

26 Report on the BAAPS Travel Fellowship: The Aston Facelift – a step by step guide

Presenter Fulvio Urso-Baiarda
Institution Wexham Park Hospital, Slough

In 2013 I was awarded a BAAPS Travel Fellowship, used for an Observership at the Manhattan Ear, Eye and Throat Hospital, and present my experience to the Association.

Focussing on facelift surgery over a period of three weeks, I observed Dr Aston's practice and rationale for intraoperative decision-making. Based on that experience, this presentation gives a detailed account of Dr Aston's current techniques for performing face-lift surgery, including the use of adjunctive procedures and their operative sequence, setup for surgery, scar design, the technique for flap elevation, decision-making in the use of a lower hairline incision, management of platysma and of SMAS, techniques for malar fat suspension and for flap inset (including avoidance of dog ears in large lifts), and postoperative management.

Since Dr Aston's practice includes revision and multiple revision facelifts, emphasis is given on avoiding the stigmatic appearance. Finally, a model for incorporating trainees into a busy aesthetic practice, as used at MEETH, is discussed.

27 Measuring outcomes using Patient Reported Outcome Measures (PROMs) in aesthetic practice – a UK experience

Presenter Ali Soueid
Co-author Mr M Cadier
Institution Salisbury Hospitals

Introduction

Patient reported outcome measures (PROMs) are becoming increasingly important in benchmarking cosmetic surgical outcomes where few other measures are available. A previously validated PROM for facial aesthetic procedures was modified to cover non-facial cosmetic surgery. Each questionnaire consisted of 6 questions, each being scored out of 5 points (0-4). The senior author set out to audit and validate the PROMs in his own practice.

Methods and Results

Over a one-year period, 201 PROMs were collected pre- and post-operatively. They covered rhytidectomies, blepharoplasties, rhinoplasties, breast augmentation and abdominoplasties. The same questionnaire was used for the pre- and post-operative period. The post-operative questionnaire was performed at a minimum of 6 weeks. The PROMs were validated by repeating them on two occasions pre- and post-operatively in a number of patients. There were statistically significant changes in all categories between pre- and post-operative PROMs, with an average improvement from 6 points to 22 points ($p < 0.001$).

Conclusions

This series of PROMs offer a robust, reliable and straightforward means to assess cosmetic surgery outcome, and may enable not only the auditing of ones own practice but also to undertake inter-surgeon comparative outcome assessment.

28 Open neck-lift: a fusion of elasticity and empiricism

Presenter Muhammad Adil Abbas Khan, ST3 Registrar
Co-authors Mr M Khan, Mr D Othman, Mr M Riaz
Institution St. John's Hospital - Dept of Plastic Surgery

Aims and Objectives

Neck-lift is a popular procedure for patients seeking restoration of aesthetic cervical contours. In younger patients, a 'standalone neck-lift' is sufficient but in older patients an 'integrated neck-lift' gives better results. Doubts remain over whether a more conservative or invasive approach yields better aesthetic outcomes. Our neck-lift technique lies in between this spectrum of invasiveness.

Methods

97 patients underwent an 'integrated neck-lift' and 8 patients underwent a 'standalone neck-lift' between 08/2009-08/2012 as a single-stage procedure. The neck-lift involved an extra-platysmal and sub-platysmal lipectomy through a submental incision, liposuction and platysmal plication. An earlobe to mastoid incision allowed application of lateral playsma to mastoid neck-lift sutures for elevation of lax cervical tissues and improvement of jawline definition. Excess skin was excised and the residual skin re-draped around a contoured cylindrical neck without tension.

Results

7/105 (6.6%) patients had minor complications. All patients were pleased with the post-operative surgical outcome and expressed a high satisfaction on the Owsley Facelift Satisfaction Survey at 1 year follow-up.

Conclusions

The proposed neck-lift procedure addresses the four main causes of the signs of ageing in the neck and is an effective tool for cervical rejuvenation.

ABSTRACTS

29 A comparative analysis of the efficacy of the Fulcrum spreader graft compared to the Sheen spreader graft

Presenter Ivo Gwanmesia, Craniofacial Surgery Fellow
Co-authors Dr R Couto, Dr F Papay
Institution The Cleveland Clinic Foundation

Introduction

Collapse of the internal nasal valve is a common cause of nasal obstruction. Spreader grafts are used to widen the internal nasal valve angle, and by so doing increase the cross sectional area of this part of the nose. Several types of spreader grafts have been described, foremost amongst them are the Sheen and the Fulcrum spreader grafts.

Aims and Objectives

The aim of this cadaveric study was to compare increases in cross sectional area within specific areas of the nose after reconstruction of the middle vault with either the Sheen or the Fulcrum spreader graft using the acoustic rhinometer.

Method

20 fresh cadavers were used for the study. Cross sectional area measurements were taken at 3 points: at the internal nasal valve (CSA 1), at the midpoint of the inferior turbinate (CSA 2), and at the midpoint of the middle turbinate (CSA 3). Middle vault reconstructions were performed by the Sheen or Fulcrum techniques. An acoustic rhinometer provided measurements at the 3 points. Values obtained were analyzed using a paired t-test with significance at $p<0.05$

Results

Reconstruction of the middle vault with the fulcrum spreader graft provided increases in cross sectional area of 35%, 55%, and 70% at CSA 1, CSA 2 and CSA 3 respectively with p values of 0.029, 0.014 and 0.009 when compared to measurements obtained using the Sheen technique.

Conclusion

The results from our study suggest that reconstruction of the middle vault with the Fulcrum spreader graft is a more effective technique.

30 Microfat, SNIF and Nanofat : harvesting and injection technique

Presenter Alexis Verpaele
Institution Coupure Centrum, Gent

Video presentation

31 The essential technical element to successfully preforming an extended SMAS facelift

Presenter James Stuzin
Institution Miami, Florida USA

This lecture will emphasize the technical aspects of performing safe subSMAS dissection, and how it is individualized according to a specific patient's aesthetic needs. A video demonstrating the extended SMAS technique will be presented.

32 Essential pearls in cervical rejuvenation

Presenter James Stuzin
Institution Miami, Florida USA

Consistent results in obtaining a pleasing cervicomental angle and jawline aesthetics remain one of the most difficult aspects of facial rejuvenation. Technical essentials in obtaining consistent results in cervical contouring will be emphasized. A video demonstration of platysmaplasty will be provided.

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POSTER ABSTRACTS

1 Techniques used by United Kingdom consultant plastic surgeons to select implant size for primary breast augmentation and the range of implants used

Presenter Will Holmes, Registrar Plastic Surgery
Co-authors Ms S Kauser, Mr M Timmons
Institution Bradford Royal Infirmary

Background

Techniques used to estimate implant size for primary breast augmentation have evolved since the 1970s. Currently no consensus exists on the optimal method to select implant size for primary breast augmentation.

Methods

In 2013 we asked United Kingdom consultant plastic surgeons who are members of BAPRAS or BAAPS what was their technique for implant size selection for primary aesthetic breast augmentation. We also asked what was the range of implant sizes they commonly used. The answers to question one were grouped into four categories: experience, measurements, pre-operative external sizers and intra-operative sizers.

Results

The response rate was 43% (159/358). 95% (151/159) of all respondents performed some form of pre-operative assessment, the others relied on 'experience' only. The most common technique for pre-operative assessment was by external sizers (77%). Measurements were used by 59% of respondents and 3% used intra-operative sizers only. A combination of measurements and sizers was used by 36% of respondents.

The most common measurements were breast base (68%), breast tissue compliance (19%), breast height (15%), and chest diameter (9%).

The median range of implant size commonly used in primary breast augmentation was 240+/- 7.3 to 390 +/-12.1 (95% CI).

Summary

Pre-operative sizers are the most common technique used by UK consultant plastic surgeons to select implant size for primary breast augmentation. We discuss the above findings in relation to the evolution of pre-operative planning techniques for breast augmentation.

2 Analysis of multiple attendees at a plastic surgery clinic: a comparison of those who undergo surgical treatments and non-surgical treatments

Presenter Dominique McGinlay, 3rd Year Medical Student
Co-authors Mr T Shoaib
Institution University of Glasgow

Analysis of multiple attendees at a cosmetic surgery clinic has several implications.

It is important to give clinicians information on what procedures people are undergoing to have the best possible aesthetic results, it is important to give practice managers information on what procedures they should offer to maximise the number of treatments their patients receive.

The aims were to answer the series of questions including, but not restricted to:

- Are surgical treatments or non-surgical treatments the most common initial intervention for a patient attending the clinic?
- If someone has non-surgical treatments followed by surgical treatments, how long is the average time between and vice versa?
- Is there an age difference between these patients?

The case records of all patients who attended the clinic more than once in 2013 were examined.

Of those patients those who had attended multiple appointments for one procedure, or for repeats of a single procedure were excluded.

The results show that more patients undertake non-surgical than surgical procedures initially.

22% of the patients undertaking non-surgical went onto subsequent surgical procedures; while 89% of the patients who underwent surgery initially went on to have non-surgical procedures.

The mean age of patients who underwent surgical treatments only was 11 years below that of those who underwent non-surgical treatments only. This could suggest the younger generation are more willing to try invasive interventions.

Patients who underwent non-surgical procedures first took longer to go on to have surgical procedures than those who started with surgery.

3 Cosmetic surgery and the press: a 20 year review of a growing relationship

Presenter Amir Sadri, ST4

Co-authors Mr R Nassab

Institution Alder Hey Children's Hospital

Introduction

The press is an important source of patient education and we should be aware of how cosmetic surgery is portrayed to the public. The aim of this paper was to review articles related to cosmetic surgery in the UK.

Methods

The LexisNexis database was used to search for the term 'cosmetic surgery.' We restricted the search to UK national newspapers. The annual results from 1993-2013 were used for this study. The content of the articles were also reviewed and analysed.

Result

During the study period of 1993-2013, our search revealed 17795 articles containing the term 'cosmetic surgery.' In 1993, only 107 articles were found compared to 676 in 2003 and 2261 in 2013. In 1993, only 1 article discussed complications of cosmetic surgery compared to 102 articles in 2013. Celebrity cosmetic surgery was found in 3 articles in 1993 and 74 articles in 2013. During the study period, BAAPS was identified in 901 articles.

Discussion

Cosmetic surgery and the press have become increasingly close over the last 20 years. The most common articles were about celebrities undergoing cosmetic surgery, patient case studies, potential complications and emerging trends or technologies.

4 Primary Breast Augmentation International Survey: evaluating UK and European plastic surgeons' rationale behind incision choice and the influence of patient preferences

Presenter Obi Onyekwelu, ST3
Co-authors Mr K Gesakis, Dr I Radotra, Dr F Boriani, Dr T Jensen,Mr J Srinivasan
Institution Lancashire Teaching Hospitals NHS Trust

Objectives

The authors investigated the influence of patient preferences on surgical technique among Plastic surgeons performing breast augmentation in Europe.

Materials and Methods

Surveys were sent to 715 European Plastic surgeons by e-mail with a cover letter including the link using SurveyMonkey in 2014. Contact details were obtained from National registries. So far, 98 surveys were returned after 5 reminders. All surveys returned were included in the study. The survey included questions on surgical demographics, practice characteristics, and factors influencing surgical technique including patient demands.

Results

Surgeons performing breast augmentation often did so in full-time private practice (54.1%). From the pool of 98 responders, the trend of incision choice was predominantly inframammary (76.6%), although many surgeons (59.6%) indicated they had previously used a different incision. Majority of patients (54.8%) express a preference for a certain incision with surgeons tending to comply with patients' wishes. When they do not, it is mostly due to unrealistic patient expectations (63.3%). There is still wide variation regarding the use of antibiotics and support garments.

Conclusion

Surgeon preferences were determined on lower complication rates, better aesthetic outcome, and trial of different techniques, although most surgeons tended to comply with patients' wishes.

5 A case of breast implant associated anaplastic large cell lymphoma following augmentation and revision: An unusual presentation with a mass at a recent drain insertion site

Presenter Ann-Louise Lowson, CT2
Co-authors Mr J Hurren, Miss L Mansfield
Institution Queen Alexandra Hospital

Background

Anaplastic large cell lymphoma (ALCL) is a rare entity increasingly reported in association with implant augmentations and reconstructions. The small number of described cases involve both saline and silicone implants, textured and smooth. There are 3 predominant presentations 1) effusion 2) mass 3) incidental finding after capsulectomy.

Case

We present a 37 year old with a 4 month history of a painlessly enlarging mass lateral and inferior to the right breast following a second capsulectomy and revision of implants abroad. Examination revealed a 2cm firm, erythematous, mobile lesion discrete from the implant and associated with the scar from the recent drain insertion. Histology from excision biopsy demonstrated ALK negative anaplastic T cell lymphoma. No distant spread was seen on imaging. The patient remains well following 6 cycles of CHOP chemotherapy.

Comment

This case highlights that implant associated ALCL has a variety of clinical manifestations and presents challenges for management. Due to the recent capsulectomy and implant exchange in this patient the implants were not removed, but chemotherapy was instigated on the advice of the multidisciplinary lymphoma team. We will present further details of the decision making in this case and review the current literature on ALCL.

6 Cosmetic surgery procedures: are we complying with currently available professional standards?

Presenter Laura Kearney, SHO

Co-authors Ms C de Blacam, Mr M O'Shaughnessy, Mr J Clover, Mr S O'Sullivan, Mr J Kelly, Mr E O'Broin

Institution Cork University Hospital

Introduction

As the demand for cosmetic surgery increases so does the need for regulation within the industry. This was recognised by the Royal College of Surgeons (RCS) who published Professional Standards for Cosmetic Practice.

Methods

A retrospective review of records of 20 patients who underwent bilateral breast augmentation (BBA) and 20 patients who underwent bilateral breast reduction (BBR) was performed. Demographics and compliance with variables suggested by the RCS were recorded.

Results

Method of referral differed between the two groups (Table 1). There were varied compliance rates at consultation stage, with highest rates recorded for 'previous medical history' and 'GP letter sent'(Table 2). 100% compliance was recorded in both groups for pre and post-operative documentation i.e. consent and surgical safety.

Conclusion

It was felt actual compliance was higher than recorded values for some variables. This highlighted the importance of documentation and challenges in auditing within multi-centre units with multiple surgeons. This study supports the need for regulated guidelines and the development of a mandatory performa for patients undergoing cosmetic procedures.

Table 1 : Method of referral

Method of Referral	*BBA*	*BBR*
GP	30%	80%
Self	60%	10%
Other speciality	10%	10%

Table 2: Compliance with variables at first consultation Consultation

	BBA	*BBR*
Hx. of body dysmorphia	10%	0%
Hx. of psychiatric illness	25%	10%
Previous Med hx.	80%	85%
Smoking status	55%	60%
GP letter sent	100%	100%
Second opinion	0%	5%
Literature given	60%	20%
'Cooling-off' period	90%	90%
Patient's reason for undergoing surgery	100%	100%

7 Para-Sternal Infiltration (PSI) composite breast augmentation

Presenter Francisco Bravo
Institution Clinica Gomez Bravo

Background

The simultaneous combination of fat grafting to the breast and mammary implants has been recently proposed as a useful technique in augmentation mammaplasty. The purpose of this study is to evaluate the aesthetic benefits of selective para-sternal infiltration (PSI) of fat at the time of primary implant breast augmentation.

Methods

59 consecutive primary breast augmentation patients were studied retrospectively. Patients were divided into two groups: group 1 patients (n=38) were treated only with breast implants, while group 2 patients (n=21) received breast implants and PSI of 60 to 140 cc of fat. The length between the medial border of each breast, defined as the para-sternal Vertical Aesthetic Line (VAL) was measured pre- and postoperatively on both groups and compared through statistical analysis.

Results

The mean length between the para-sternal VALs in group 1 post-operatively was significantly higher: 2.26 cm (± 1.24) ($p < 0.0001$), while this length for group 2 was significantly lower after surgery: 0.60 cm (± 0,32) ($p < 0.0001$).

Conclusions

Para-Sternal Infiltration of fat performed simultaneously to breast augmentation improves the medial transition zone of the breast implant with the pre-sternal area. It prevents a "separated-breasts" deformity, which may produce unnatural results in implant-based breast augmentations.

8 Evidence based hype: marketing and evidence behind novel aesthetic devices

Presenter Reza Nassab, Registrar
Co-authors Mr K Kok, Mr A Soueid
Institution Whiston Hospital

Introduction

The demand for non-surgical aesthetic treatments is rapidly rising. This has fuelled development of numerous non-surgical devices with varying technologies to combat ageing and body contouring. Many of these have had aggressive marketing and media coverage. We explored a number of these devices comparing marketing claims in the media with results in peer reviewed scientific publications.

Methods

We identified a number of new devices including Ulthera, Coolsculpting, Thermage and Ultrashape. For these a media coverage search was conducted using the Nexis database. We also performed a Pubmed search for scientific publications. The scientific publications were also reviewed for sources of funding and any conflicts of interest.

Results

Our study revealed that media coverage for these devices was greater than peer reviewed scientific publications. Media results were frequently individual reports of cases. The scientific publications were all low level evidence publications with no randomised controlled trials. A large number of scientific publications were preliminary studies supported by the manufacturers of the devices.

Conclusion

There appears to be a significant amount of marketing promoting novel aesthetic devices with little high level evidence to support the claims made. The public should be made aware that such devices may not be as effective as highlighted in popular press.

POSTER ABSTRACTS

9 A prospective, randomised, intra-patient, comparative, open, multi-centre study to evaluate the efficacy of a Single-Use Negative Pressure Wound Therapy (NPWT) System* on the prevention of postsurgical incision healing complications in patients undergoing bilateral breast surgery

Presenter Jip Beugels, Internship Plastic Surgery

Co-authors Professor R Van der Hulst, Dr R Galiano, Dr R Djohan, Dr J Shin, Professor D Hudson, Professor F Duteille, Dr E Huddleston

Institution VieCuri Medical Centre Venlo

Introduction

Postsurgical incision healing complications can vary in severity from mild cases needing local wound care to serious cases with multiple reoperations and a high morbidity. Applying NPWT as a post-operative dressing for closed incisions has demonstrated a number of benefits.

Methods

Patients undergoing bilateral reduction mammoplasty and who were suitable for incisional NPWT were evaluated. Each patient was treated with both PICO™ and Standard Care for up to 14 days to enable a within patient comparison. Follow up assessments at Day 21, 42 and 90 looked for latent incision healing complications and scar quality was measured using a VAS and POSAS.

Results

200 patients entered into the evaluation. Within 21 days of surgery 10 (5.0%) fewer incisions developed a healing complication on PICO compared to Standard Care, (p-value = 0.004, 95% confidence interval of the difference 2.0% to 9.2%). Scar quality as measured by the VAS and POSAS scoring systems was shown to be significantly better on PICO treatment than Standard Care, both at the 42 day and 90 day assessment ($p<0.001$).

The results from this study are extremely positive with regard to a statistically significant reduction in incision healing complications and a statistically significant improvement in scar quality using incisional NPWT.

10 How does quality of life correlate with appearance in rhinoplasty patients? Using the FACE-Q to understand the patients' perception

Presenter Muhammad Asim Bashir, Aesthetic Fellow

Co-authors Mr R Dower, Dr A Klassen, Mr C East

Institution The London Clinic

Background

FACE-Q is a new patient-reported outcome measure (PROM) composed of over 40 independently functioning scales and checklists that measuring concepts and symptoms important to aesthetic patients. FACE-Q asks patients to indicate how satisfied they are with the appearance of their nose e.g, size, shape, length, width, the tip, nostrils, bridge. This scale is being field-tested with patients in Canada, USA, and UK. The aim of this presentation is to present preliminary findings collected from UK patients.

Methods

Patients from a private practice in London are being invited to complete the following 5 FACE-Q scales:

1) Satisfaction with Appearance of the Nose,

2) Psychological Wellbeing

3) Social Confidence

4) Expectations (i.e., for how quality of life and appearance will change) and 5) Appearance-Related Psychological Distress.

Pearson Correlations were computed to examine relationships between these scales.

Results

Preliminary results are based on the first 16 preoperative patients (13 females and 3 males; ages range 18 to 55 years). Significant correlations were found between FACE-Q scale scores, i.e., lower scores for satisfaction with appearance were related with more psychological distress (r=0.76; p=0.007), less social confidence (r=0.60, p=0.049) and lower psychological wellbeing (0.73; p=0.011). Expectations scores (i.e., about how ones appearance and quality of life will change with surgery) were not related with preoperative appearance.

Discussion

Appearance is an important aspect of quality of life, but is rarely measured with PROMs. In this small sample of rhinoplasty patients, satisfaction with the appearance of the nose has shown strong correlation with FACE-Q psychosocial scales.

11 What do rhinoplasty patients dislike about their nose? - Using the FACE-Q to measure satisfaction with appearance

Presenter Muhammad Asim Bashir, Reconstructive Cosmetic Fellow
Co-authors Mr R Dower, Dr A Klassen,Mr C East
Institution The London Clinic

Background

The FACE-Q[1] Rhinoplasty scale has 25 items that provide a comprehensive understanding of what patients like and dislike about their nose. The aim of this study is to understand which specific aspects of the appearance preoperative patients are most dissatisfied with.

Methods

As part of a larger international field-test study, patients from a private practice in London are being asked to complete FACE-Q scales. Items for the Rhinoplasty scale are scored as follows: Very Dissatisfied = 1, Somewhat Dissatisfied = 2, Somewhat Satisfied = 3, Very Satisfied= 4. We computed the mean score for each item and rank ordered by score.

Results

Preliminary results are based on the first 16 preoperative patients, i.e., 13 females and 3 males who range in age from 18 to 55 years. How the tip of the nose looks was the item that participants were the least satisfied.

Discussion

Once development is completed, a shortened version of this FACE-Q scale will provide surgeons with tool that can use to understand their patients specific concerns about their appearance.

1. Pusic A, Klassen AF, Scott AM, Cano SJ. Development and psychometric evaluation of the FACE-Q Satisfaction with Appearance Scale: A new PRO instrument for facial aesthetics patients. Clinics in Plastic Surgery. 2013; 40:249-60.

POSTER ABSTRACTS

12 Branding strategies in cosmetic practice

Presenter Ali Souéid, Reconstructive Cosmetic Fellow
Institution Salisbury Hospitals

Introduction

Various marketing techniques are employed by practitioners as well as branding techniques. We hypothesised that branding plays only a minor role in the decision making process when choosing where to have a cosmetic surgical procedure as compared to other factors such as pricing or location, and that Personal branding (where the surgeon is the brand) is a more effective tool than Product (where the product is the promoted) or Organisation branding (where the clinic is promoted).

Results

A questionnaire was distributed to 50 individuals in the UK. When looking for a cosmetic surgery practitioner, 41% would ask for a recommendation. 2/3 would seek consultations with 3 different practitioners before deciding, but this dropped when there was a fee. 76% would prefer that the practitioner be the image rather than a clinic. 86% would stay with the practitioner they felt comfortable with.

Discussion

Recommendation came as a high factor, which can be a link to a strong personal branding approach. These results show that there should be a structured dual approach. The first relies on traditional marketing to attract potential clients to make first contact, such as location, pricing and advertising. The second is concentrating on the personal brand.

13 Is membership to BAAPS a factor when patients choose a surgeon?

Presenter Ali Soueid, Reconstructive Cosmetic Fellow
Co-authors Mr A Snelling, Mr M Cadier
Institution Salisbury Hospitals

Introduction

Over the years BAAPS has been increasingly involved in pushing for the regulation of the cosmetic surgery industry, and in raising the public awareness of BAAPS. We felt it important to understand what factors influence the patient decision in choosing a surgeon, and also their perception of BAAPS.

Method

The same questionnaire was used, 2 years apart (2012 and 2014), on 50 consecutive cosmetic surgery patients attending an outpatient clinic on the South Coast. They were asked about how they chose their surgeon, and their knowledge about both BAAPS and BAPRAS.

Results

All patients responded, with most choosing their surgeon through personal recommendation. Many were unaware about BAAPS, and very few knew about BAPRAS. Of those that were aware about BAAPS most believed it to be a regulatory body. The differences between the 2012 and 2014 cohorts will be discussed.

Discussion

These results highlight the power of personal recommendation when choosing a surgeon, but also the lack of awareness of many patients of organisations like BAAPS. We will discuss how these findings are relevant to those developing a practice, and how BAAPS might further raise public perception of its presence and roles.

14 The use of clonidine in aesthetic practice

Presenter Ali Soueid, Reconstructive Cosmetic Fellow
Co-authors Dr R Aquilina, Mr M Cadier
Institution Salisbury Hospitals

Introduction

Clonidine is a sympatholytic medication. If is routinely used to treat hypertension, anxiety disorders, and other conditions as well. It has recently found its place in Aesthetic surgery, in particular facial surgery. It is believed to reduce the risk of post operative haematomas, by maintaining a constant blood pressure throughout anaesthesia and in the recovery period.

Methods

We present a systematic review of the published literature on the use of Clonidine in Aesthetic surgery and our own experience in its use.

Results

There are 7 publications that discuss the use of clonidine in aesthetic surgery, in particular rhinoplasties and facelifts. These publications supported the use of Clonidine to reduce post operative bleeding and haematoma formation.

Discussion

The published literature suggests that clonidine has benefits in reduce the risk of bleeding as a result of fluctuations in blood pressure. In our experience it has shown to play a role in aesthetic surgery. It has analgesic properties and can work in synergy with other medications.

15 Correcting deformities after breast augmentation with silicone implants: does fat grafting have the X Factor?

Presenter Rodwan Husein, Medical Student
Co-authors Professor M Sforza, PhD K Andelkov, Mr R Zaccheddu
Institution University of Leeds

Goals/Purpose

Breast Augmentation with implants is probably the most performed cosmetic surgery in the world. Unfortunately, due to the fact that breasts have a natural asymmetry and silicone implants come in pre manufactured sizes and shapes, fine symmetry in volume and contour is often difficult to achieve. This study comprised of 24 patients who had fat injections to correct deformities or asymmetries after previous breast enlargement surgery with silicone implants.

Methods/Technique

In all patients, the fat was harvested and processed using the Puregraft® system. The fat was usually harvested from the abdominal area and the volume of fat transferred ranged from 160cc to 560 cc, with average of 280cc per procedure.

Results/Complications:

In all cases, a successful correction of the previous problems was achieved without any complications in this series.

Patients with satisfaction rate after 6 months were "excellent" in 83.8% of cases, "good" in 3.8%, and "fair" in 2.3%. The medical team evaluation after 6 months rated as "excellent" 87.6% of cases, "good" 10.2% and fair 2.2%.

Conclusion

At 6 months, a percentage of the injected fat had been reabsorbed, but the high satisfaction rate was sustained.

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1 Data on File at Mentor Worldwide LLC / 2 Council Directive 93/42/EEC of 14 June 1993 concerning medical devices, updated 2007 / 3 FDA Approval for MENTOR® MemoryGel™ Round Profile Cohesive I™ Breast Implants and MENTOR® Saline-Filled Breast Implants / 4 ISO 10993-1 "Biological Evaluation of Medical Devices" – International Organization for Standardization, Geneva, Switzerland. / 5 Ibid - ISO 14607 "Non-active surgical implants – Mammary implants – Particular requirements" / 6 Ibid - "Medical devices – Quality management systems – Requirements for regulatory purposes"

FACULTY BIOGRAPHIES

Magnus Boyd

Magnus is a solicitor who has developed a niche practice in protecting medical reputations from the media and the General Medical Council. Magnus specializes in protecting the privacy and reputations of surgeons, doctors, NHS Trusts and their Chief Executives and others in the medical sphere. Leading consultants in private practice regularly consult Magnus over potential libel claims involving professional colleagues, staff, ratings websites and other fora on which patients and competitors may defame them. Magnus frequently litigates against broadcasters and national newspapers on behalf of surgeons to recover damages, costs and apologies. Magnus' medical reputation protection work has been recognised by his peers and Chambers and Partners since 2007.. He has been involved in some of the most high profile and ground breaking cases in defamation and privacy. Magnus helped obtain the first "John Doe" injunction in the UK over unauthorised excerpts from the fifth Harry Potter book on behalf of JK Rowling and her publisher Bloomsbury. Acting for Tesco, Magnus obtained the first front-page apology ever published by the Guardian. Magnus is reported as 'just second to none' and 'his knowledge of the law is superb' and that his peers concur that 'he knows the law like the back of his hand'.

Charles East

Mr Charles East is a Consultant Surgeon at University College London Hospitals NHS Trust. He is a Director of Rhinoplasty London and ENT@150 Harley Street.

He graduated from the University of London, Charing Cross Hospital Medical School in 1980. He was awarded the Hallett Prize by the Royal College of Surgeons of England and continued his training at Oxford, University College Hospital and the Middlesex Hospital. He was a senior clinical and research Fellow in the University of Washington Seattle for 12 months studying Facial Plastic surgery.

Charles is the lead clinician for the Rhinoplasty service at the Royal National Throat Nose and Ear Hospital, and is part of the Craniofacial surgery team at University College Hospital Foundation Trust- one of 6 national centres in the UK.

Academically he holds an Honorary Senior lecturer post at University College London and is the course director for the Plastic Surgery of the Nose and Techniques in Facial Plastic Surgery courses which attract an international audience. Charles is an active member of the European Academy of Facial Plastic Surgery, The Rhinoplasty Society of Europe and the British Association of Aesthetic Plastic Surgeons.

Charles regularly lectures at national and international meetings. He has been a faculty member at the Royal College of Surgeons for minimally invasive sinus surgery courses. He has been Chairman of Facial Plastic Surgery UK, a committee at the Royal College, and is a specialty adviser to NICE Charles has written chapters in the British national textbook Scott - Brown's Otolaryngology - Head and Neck Surgery and is co-author of the extremely successful textbook, Ear Nose and Throat - Head and Neck Surgery. He has published regularly in his field of expertise and maintains clinical contacts in many countries

Rajiv Grover

Rajiv Grover is the President of the British Association of Aesthetic Plastic Surgeons (BAAPS) and is a Consultant Plastic Surgeon at London's King Edward VII Hospital. Rajiv graduated in Medicine with a distinction from St Bartholomew's Hospital, London University in 1989 and was awarded the Hallett Prize by the Royal College of Surgeons in 1993 for the FRCS. During his training he gained an MD from the University of London as well as a Hunterian Professorship from the Royal College of Surgeons. Prior to taking up his Consultant post he was awarded an RCS travelling Scholarship in Plastic Surgery to Harvard Medical School in Boston, USA.

Jennifer Harrington

Dr. Jennifer Harrington has just started her 15th year of solo practice. She did her general surgery training at the Mayo Clinic, Rochester MN and her Plastic Surgery Fellowship at the University of Minnesota. She is an adjunct professor at the University of Minnesota, and has been director of a level one Plastic Surgery team for the past 8 years at North Memorial Hospital in Robbinsdale, MN. A good portion of her aesthetic practice is dedicated to body contouring. She is excited to share her private practice experience with Cool Sculpting.

FACULTY BIOGRAPHIES

G. Patrick Maxwell

Dr. Maxwell is a Clinical Professor of plastic surgery at Loma Linda University in Loma Linda, California, and Assistant Clinical Professor of Plastic Surgery at Vanderbilt University in Nashville, Tennessee, where he maintains a private practice. He is a graduate of Vanderbilt University, and Vanderbilt University School of Medicine. He completed residency in surgery and plastic surgery at the Johns Hopkins Hospital, Baltimore, MD. In addition to teaching Vanderbilt residents, he has maintained a post-graduate Fellowship for 20 years, focusing on aesthetic and breast surgery. Dr. Maxwell has published more than 130 scientific articles and has performed live surgical demonstrations in more than twenty countries worldwide. He holds fifteen U.S. patents for medical devices and has designed the Natrelle silicone gel collection of breast implants for Allergan, including the Natrelle 410 matrix of shaped, highly cohesive silicone gel implants (as well as its predecessor line, the Biodimensional Breast Implant System). He previously developed (with Medical Device Alliance, now Mentor Corp) their ultrasonic liposuction technology/platform. He founded the Inamed, then Allergan Academy, which he continues to Chair. He founded "The Institute for Aesthetic and Reconstructive Surgery at Baptist Hospital", and co-founded DSI (Diversified Specialty Institutes), a physician owned "specialty" hospital, and renal dialysis center company, subsequently sold. He co-founded Precision Light (a 3-D imaging technology) recently acquired by Allergan incorporated into the Vectra XT Technology. He is a founder, principle in GID (an adipose/adipose-derived stem cell company), and Strathespey Crown, an aesthetic growth equity fund in "Life Style healthcare", and a Board member of Alphaeon. He is past chairman and member of the Allergan Executive Council. He is a consultant with Life Cell Corporation and Allergan.

Dr. Maxwell is the recipient of the "Clinician of the Year Award" and the "James Barrett Brown Award" from the American Association of Plastic Surgeons, the "Robert Ivey Award " and the "Presidential Award" from the American Society of Plastic Surgeons; the "Simon Fredrick Award", the "Chula Song Award", and the "Walter Scott Brown" (x3), and Journalistic Award for Best Scientific Paper published in ASJ for the year 2011, all from the American Society for Aesthetic Plastic Surgery. In 2007, he received the U.S. Congressional Recognition of Merit for "his visionary contributions to plastic and reconstructive surgery, service to others, and revolutionary developments impacting survivor of breast cancer".

He resides in Nashville with his wife, Stephanie, and son, Julian, where he founded and chairs Maxwell Aesthetics, his clinical practice.

Foad Nahai

Dr. Nahai was educated in England where he completed medical school at the University of Bristol. His post graduate surgical training was at Johns Hopkins in Baltimore and Emory in Atlanta where he is a professor of Plastic Surgery.

Dr. Nahai is certified by the American Board of Plastic Surgery and is a Fellow of the American College of Surgeons and an honorary fellow of the Royal College of Surgeons of Thailand. Professional membership includes numerous international, national, and local plastic surgery organizations. He is internationally recognized as an innovator in the field of plastic surgery where he has developed and refined many procedures. He has co-authored seven books and published over 150 scientific articles , on all aspects of plastic surgery, in peer reviewed journals. The latest book he authored and edited is now in its second edition published in 2010, the 3-volume text entitled "The Art of Aesthetic Surgery". He has been invited to lecture and demonstrate plastic surgery procedures all over the world. He has been a visiting professor at prestigious universities in the United States and overseas.

In addition to numerous professional honors and awards, he is listed in the Best Doctors in America, the Best Doctors in the U.S., and various local and national magazines.

Dr. Nahai currently serves as the Editor-in-Chief of Aesthetic Surgery Journal. He has been past Chairman of the Plastic Surgery Research Council, past President of the American Society for Aesthetic Plastic Surgery, ASAPS, past President of the International Society of Aesthetic Plastic Surgery, ISAPS, and is a former Director of the American Board of Plastic Surgery.

Gerard Panting

Gerard is qualified in medicine and holds a Masters degree in law and ethics. Formerly Head of UK Medical Services, and later, Director of Communications and Policy Director at the Medical Protection Society. He left MPS in 2006 to develop an medical education and risk management company. In 2009 that company was asked to explore alternative indemnity provision for UK plastic surgeons and as a result PRASIS was launched on 1st January 2010 becoming a co-opted member of the PRASIS board.

Gerard has over 25 years experience in clinical negligence litigation, complaints procedures, disciplinary processes and medical regulation in the UK. He is also a Foundation Fellow of the Faculty of Forensic and Legal Medicine, Royal College of Physicians

Tingy Simoes

Tingy Simoes began her career over 15 years ago in financial, later healthcare public relations. In early 2002 she launched her own London-based agency, Wavelength Marketing Communications, which represents some of the highest-profile voices in the medical sector including the British Association of Aesthetic Plastic Surgeons and the Royal College of Surgeons of Edinburgh, among many others. Wavelength won the Public Relations Consultants' Association (PRCA) award for crisis communications in handling the PIP crisis in 2012 and Tingy is the author of the first-ever PR manual for surgeons "How to Cut it in the Media" by CRC Press

James Stuzin

Dr. James Stuzin is a graduate of the Institute of Plastic Surgery at New York University, following which he studied craniofacial surgery at UCLA Medical Center, as well as the University of Miami. He entered practice with Dr. Thomas Baker in Miami, Florida in 1987, and has spent the majority of his career focusing on surgical rejuvenation of the aging face. His academic publications have largely focused on facial soft tissue anatomy, the architectural changes which occur in the aging face, as well as techniques relevant to face lifting. He has served as President of the American Society for Aesthetic Plastic Surgery, Chairman of the American Board of Plastic Surgery, Co-Editor of Plastic and Reconstructive Surgery, as well as Chairman of the Baker Gordon Educational Symposium

Alexis Verpaele

Present professional activities

Director of the Coupure Centrum voor Plastische Chirurgie, Gent, Belgium
Director of the private surgical clinic E:MC2, Sint Martens-Latem, Belgium
Consultant Plastic Surgeon, AZ St Lucas Gent, Belgium
Assistant Clinical Professor, Department of Plastic Surgery, University Hospital Gent

Diplomas, exams and accreditations

Doctor in medicine, surgery and obstetrics : 4 July 1988
Accreditation in General Surgery : 8 September 1994
Collegium Chirurgicum Plasticum, final exam : taken with success on 6 May 1997, classified the first of the examinees
European Board of Plastic Reconstructive and Aesthetic Surgery : November 15, 1997

Memberships

Corresponding member of the Royal Belgian Association of Surgeons
Member of the Royal Belgian Association of Plastic Surgeons
Member of the International Society of Aesthetic Plastic Surgery (ISAPS), chairman of the Website Committee

Member of the American Society for Aesthetic Plastic Surgery (ASAPS)

Foreign medical aid activities

Since 2001 yearly medical missions for reconstructive plastic surgery, mainly focused on cleft lip and palate. Missions to Kamchatka (Russia), Oaxaca (Mexico), Phomh Penh (Cambodia), Sagaing (Myanmar), Flores (Indonesia)
Founding member of the NGO "See and Smile", with the purpose of providing free ophthalmic and plastic surgery in third world countries.

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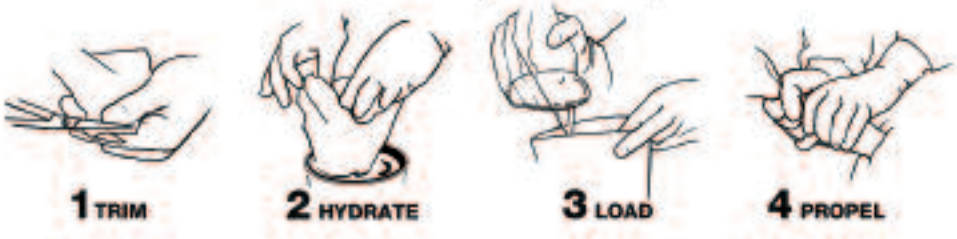

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SOCIAL PROGRAMME

Wednesday 24th September

Faculty Dinner at **The Goring Hotel**

Thursday 25th September at 7pm

Drinks reception on **The Members' Terrace at The House of Commons**

Dinner in **The Members' Dining Room**

We are grateful to Eleanor Laing MP for the invitation to the House of Commons for this event and to Sir Stuart Rose and the National Institute of Aesthetic Research for hosting the event.

Please remember to bring photo ID (e.g. passport or driving licence) in order to clear the security procedures in place at The House of Commons. We have been advised to allow up to 30 minutes to pass through the usual security measures in place so, please, arrive around 6.30pm. The entrance is the central entrance (between the two chambers facing the Abbey) – where there can usually be seen a queue of people!

TRADE EXHIBITORS

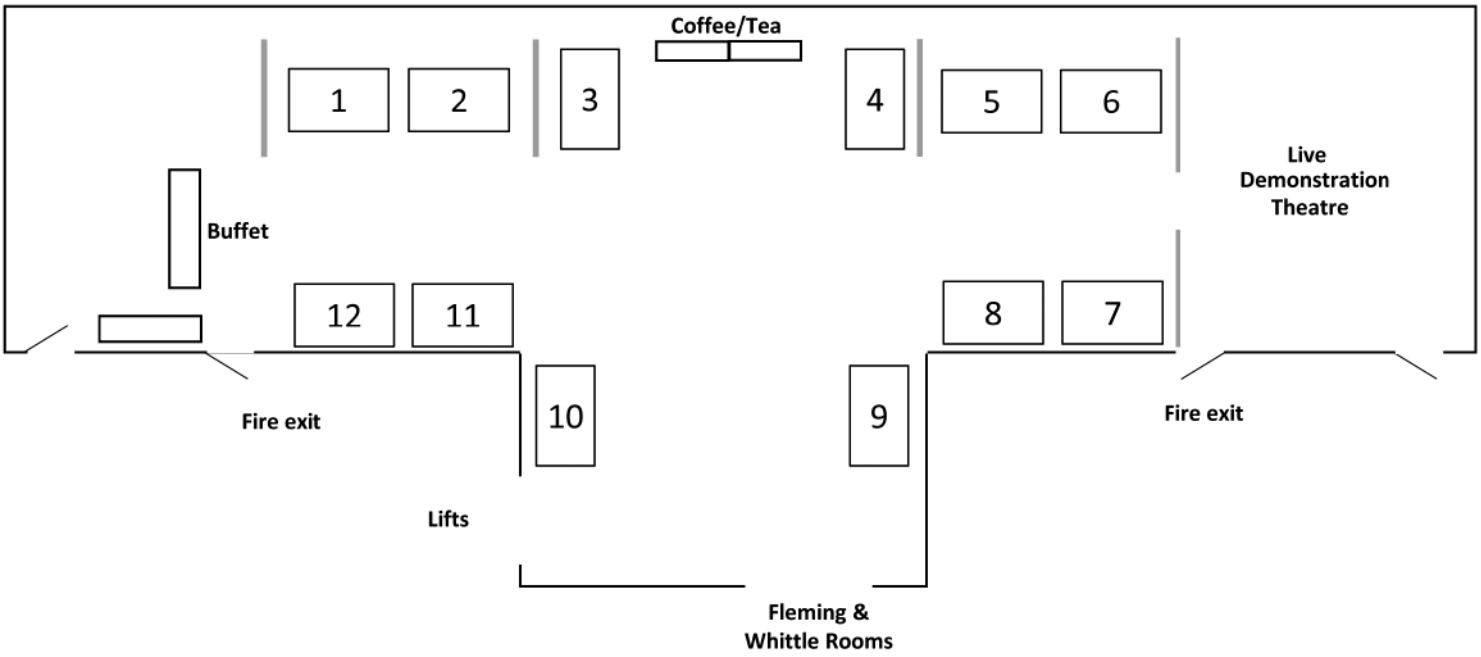
Please take some time to visit the Trade Exhibition.

Please note that inclusion in the trade exhibition does not suggest that The BAAPS endorses or supports any of these companies.

	Stand no	Company
Benjamin Britten Lounge	1, 2	CCR Expo
	3	Lifestyle Aesthetics Ltd
	4	Premium Medical Protection
	5, 6	Mentor Medical
	7	Angel Medical
	8	Zeltiq
	9	Eurosurgical
	10	Blackwell Books
	11	Naturastudios - Dermapen
	12	Intrapharm Laboratories
Fleming Suite	13	Q Medical Technologies Ltd
	14	GID Europe Ltd
	15	Clover Leaf Medical
	16	Bio-Oil
	17	R & D Surgical Ltd
	18	Galderma Ltd
	19	Hamilton Fraser Cosmetic Insurance
	20	Spectrum
	21	SilDerm Ltd
	22	Church Pharmacy
	23	The Healing Foundation
	24	BAAPS Info Desk
	25	Advanced Biotherapies
	26	York Medical Technologies
	27, 28	Sinclair Pharma
	29	CJ Medical
	30	Advanced Medical Solutions
	31	Advantech Surgical Ltd
	32	Allergan
	33	Compression Therapy UK
	34	Interglobal Surgical
	35, 36	Ideal Medical Solutions Ltd
	38	Bio-Oil
	39	Prasis
	40	PPM Software
	41	Tulip Medical Products
	42	Nagor
	43	Q Surgical
	44	Human Med UK Ltd
	45	Cynosure UK
	46	Moneypenny
	47	Surface Imaging Solutions
	48	Lumenis UK

EXHIBITION PLANS

BENJAMIN BRITTEN LOUNGE



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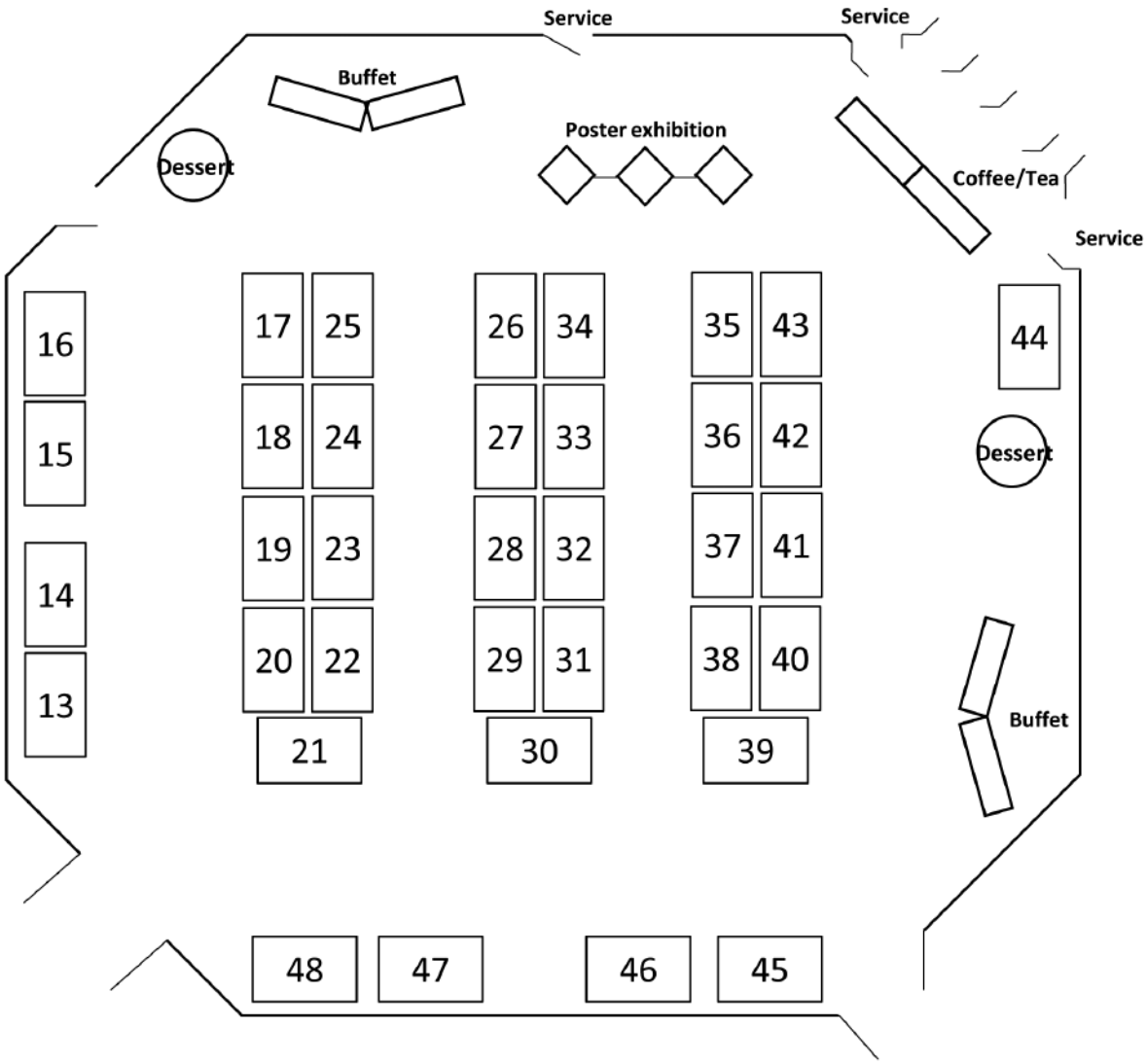

TRADE EXHIBITORS - CONTACTS

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Company	Contact Name	Phone	Email	Stand no
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Advanced Medical Solutions	Sarah Langton	01606 545524	sarah.langton@admedsol.com	30
Advantech Surgical Ltd	Ben Sharples	0845 130 5866	mail@advantechsurgical.com	31
Allergan Ltd	Paula Hughes	01628 494343	hughes_paula@allergan.com	32
Bio-Oil	Nathalie Wieclaw	020 8538 1281	nataliaw@godrejuk.com	16, 38
Blackwell's	Richard Demery-Kane	020 7611 2160	exhibitions@blackwell.co.uk	10
CCR Expo	Peter Jones	020 8947 9177	pjones@nineteen-events.com	1, 2
Church Pharmacy	Taran Juttla	01509 213439	taran@churchpharmacy.co.uk	22
Clover Leaf Products Ltd	Andrew Hay	01494 876990	lin@cloverleafmedical.com	15
Compression Therapy UK Ltd	Naomi Northen-Ellis	01491 682 7000	naomi@compressiontherapyuk.com	33
Cynosure UK Ltd	Jenny Flood	01628 522252	jenny@cynosureuk.com	45
Dermapen - distributed by Naturalstudios Ltd	James Anderson	0131 553 6904	james@naturastudios.co.uk	11
Eurosurgical Ltd	Peter Cranstone	01483 456007	peterprs@eurosurgical.co.uk	9
GID Europe Ltd	Frank Di Lazzaro	07768 015883	f.dilazzaro@gideurope.com	14
Galderma (UK) Ltd	Julian Popple	01923 208950	julian.popple@galderma.com	18
Hamilton Fraser Cosmetic Insurance	Owen Woods	0845 310 6372	owen.woods@hamiltonfraser.co.uk	19
Human Med UK Ltd	Colin Pyne	01322 611729	colin@humanmeduk.com	44
Ideal Medical Solutions Ltd	Andrew Wakeling	020 8773 7844	andrew.wakeling@ideal-ms.com	35, 36
Interglobal Surgical	Paul Fransden	01242 262680	paulfransden@igsurgical.co.uk	34
Intrapharm Laboratories Ltd	Sunil Shaunak	01628 771800	sunils@intrapharmlabs.com	12
Lifestyle Aesthetics Ltd	Maria Eke	0845 070 1782	maria.eke@lifestyleaesthetics.com	3
Lumenis UK	Clive Swan	01923 266339	cliveswan2@icloud.com	48
Mentor Medical	Leila Mohamed	01344 416010	lmohamed@ITS.JNJ.com	5, 6
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Premium Medical Protection	John Buckley	0782 481 1449	j.buckley@premiummedicalprotection.com	4
Q Medical Technologies Ltd	William Robertson	0945 1949 284	charliepillans@qmedical.co.uk	13
Q Surgical	Helene Brown	07551 005794	hbrown@quillsurgical.com	43
R & D Surgical Ltd	David Thomas	07975 696541	office@randdsurgical.com	17
Angel Medical	Nimrod Englesberg	01159 440141	nimrod@angelmedicalplus.com	7
SilDerm Ltd	Aileen Cameron	07974 444282	aileen@silderm.com	21
Sinclair IS Pharma	Dave Baldwin	020 7467 6920	info@sinclairpharma.com	27, 28
Spectrum	Pauline Walker	01202 761198	pwalker@spectrumtechnologyuk.com	20
Surface Imaging Solutions	Nicholas Miedzianowski-Sinclair	020 7638 7100	nick@thecosmeticimagingstudio.com	47
Tulip Medical Products	Sacsy Sukcharoun	+1 858 270 5900	sacsy@tulipmedical.com	41
York Medical Technologies Ltd	Stephen Blight	01430 803113	sales@yorkmedicaltechnologies.com	26
Zeltiq	Kimberly Coleman	01293 312 070	kcoleman@zeltiq.com	8

BAAPS Factsheets

These factsheets provide your patients with easily understood information on the most common cosmetic procedures.

Breast augmentation
Reduction mammoplasty
Mastopexy
Fat transfer to breast
Gynecomastia

Eyelid surgery
Facelifts
Reshaping chins and cheeks
Rhinoplasty (augmentation)
Rhinoplasty (reduction)
Setting back prominent ears

Abdominal reduction
Aesthetic genital surgery
Endoscopic plastic surgery
Liposuction
Scars and keloids
Hair transplant surgery

Botulinum toxin injections
Cosmetic facial injections
Lasers in plastic surgery
Laser hair removal
Lip enhancement

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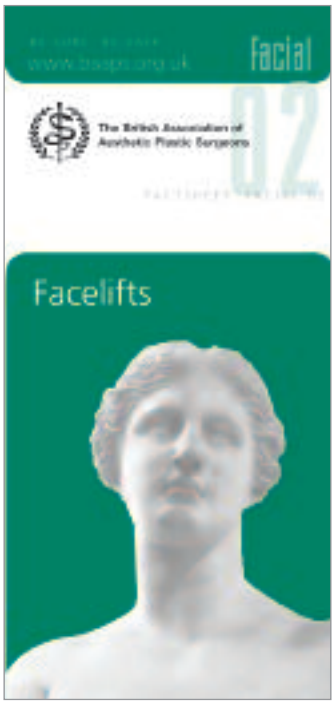

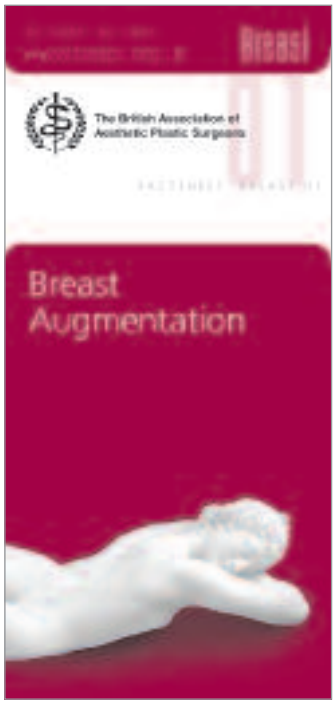

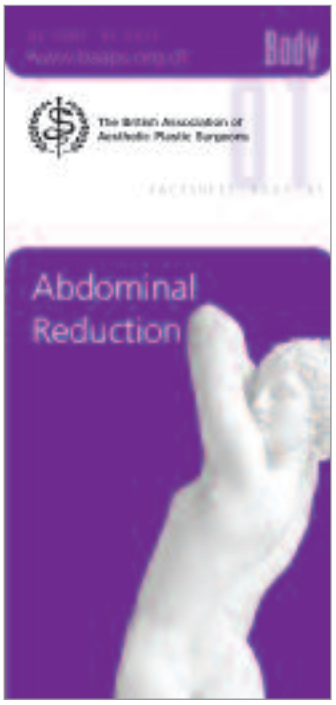

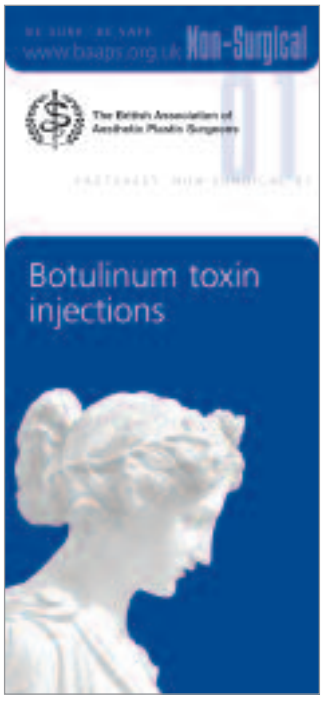

NOTES

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1. As of January 2014 2. Data on file 3. Rabin Research